

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN STATUTORY TRUST**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

Pursuant to W.S. 17-16-1503 of the Wyoming Business Corporation Act, the undersigned statutory trust company hereby applies for a Certificate of Authority to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. The name of the statutory trust is: _____
2. It is organized under the laws of: _____
3. The date of its organization is: _____
and the period of its duration is: _____
4. The address of its principal office is: _____

5. The mailing address where correspondence and annual tax information can be sent:

6. The physical address of its registered office in Wyoming and the name of its registered agent at that address is: _____

(The agent must be an individual resident of Wyoming, a domestic corporation or not-for-profit domestic corporation or a foreign corporation or not-for-profit foreign corporation authorized to transact business in this state.)

7. The names and business addresses of the current trustees:

8. An estimate, expressed in dollars, of the value of the property of the statutory trust located and employed in the State of Wyoming: \$_____.

9. The statutory trust company accepts the constitution of the state of Wyoming in compliance with the requirement of article 10, section 5, of the Wyoming constitution.

Date: _____ Signed: _____
Trustee

Contact Person: _____ Daytime Phone Number: _____

For name availability purposes list the type of business the statutory trust company will be conducting:

Filing Fee: \$100.00

Instructions:

1. The completed application must be accompanied by an original certificate of existence/ good standing or a document of similar import, dated not more than sixty (60) days prior to filing in Wyoming.
2. The application for certificate of authority shall be accompanied by a written consent to appointment executed by the registered agent.
3. The document shall be accompanied by one (1) exact or photo copy.

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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I, _____, voluntarily consent to serve as the
registered agent for _____

on the date shown below.

The registered agent certifies that he is: (circle one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent